N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

FOR BINDING

RESERVED

MARGIN

Village or City Heorges Island (No. 22)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred la a hospital or institution, give its NAME instead
2FULL NAME Edna. M, 17	of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,	(Month) (Day (Year)
Hemale Colon d ORDIVORGED (Write the word)	(Month) (Day (Year)
DATE OF BIRTH	
June ,19/6	that I last saw h wallys on
Month) (Day (Year)	
t day,hrs.	
yrsmos.,ds. ORmin.?	ρ
(a) Trada, profession, or	ros oca
particular kind of work	-
business, or establishment in which amployed (or employer)	(Ouration)
BIRTHPLACE	Contributory Secondary
(State or country) Imacy	(Doration) yrs mos
10 NAME OF FATHER PARTIES BOTTON	(Signed) CB Gorahay
11 BIRTHPLACE	191 5 (Address) Di Gaorges Island
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF Mother OF Mother	A
12 MAIDEN NAME ()	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accide TAL, SUICIDAL, or HOMICIDAL.
OF MOTHER Rose anna Mado	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS
(State or country) of Mary	ot death yrs mos ds. State yrs mos
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at placa of death?
(intermant) P	" Usual residence
(Address) liney l'oin!	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6 16 3 2 1 12	as yearge deland allows, 191.
Filed 10-3 1916 Sepuly	20 UN DERTAKER ADDRESS
UB Graham (AEGISTRAR	11 Junion Simary
If more blanks are needed, address State Reg	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborerwho have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all-diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 8 1915 BUREAU, V.S.

1 PLACE OF DEATH	STATE OF MARYLAND
County St. Marys	CERTIFICATE OF DEATH
	Registration Dist. No. 2 8 4
Village or City Mcchanics Moulle	St.; Ward) [if death occurred in a hospital or institution
2 FULL NAME Felorence Pro	give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored OR DIVORCED OR DIVORCED	16 OATE OF OEATH Oct (South (Year (Y
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fro
(Month) (Day) , 7.8 9.3 (Year)	that I last saw h 1 alive on Oct 15-4, 1913
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at 6 18. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or	Pellegra
particular kind of work. The analysis of boundary.	
business, or establishment in which employed (or employer)	(Ouration) yrs. mos.
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF	(Buralion) yrs. mos.
FATHER Augustus Briscol	(Signed) Margan & State (Signed)
11 BIRTHPLACE OF FATHER (State or country) S + many 60	State the DISPASE CUISING DEATH, or, in deaths from VIDLENT
C 12 MAIOEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Linda Swam	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (States of country) St. hims 5 60	At place in the of death yrs. mos. ds. Slate, yrs. mos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Charles Bray ton	Former er usual residence
(Address) Charlotte Fall Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	but balvary benetery Oct 20 4, 1815
Filed Ont 19 11915 - 3. P. Margar REGISTRAR	Sydney Dent Du Bais
	16 W. Saratoga St. Balto., Requesting V. S. No. 1.
If more blanks are needed, address State Registrar,	6 harles &

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, SUIGINAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths head-Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," ctc. birth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Heart failure," "Heemorrhage," "Inanition," "Maraschopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping -homicide; Poisoned by "Old Age," "Shock," "Uracmia," "Weakness, The contributory (secondary or intercur-"Puerperal septichaemia," "Dropsy," "Exhaustion, carbolic acid-probably State cause for which Never report mere wound



S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. N. B.—Every item of information should be CAUSE OF DEATH in plain terms, se

1 PLACE OF DEATH

County.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in

	FULL NAME Eleann Carl	a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	while Color or race 5 single, Married, Wisowed, Ordinary. Will Wisowed, Ordinary. ORDIVORCEO (Write the word)	16 DATE OF DEATH Q.A. /7 ,1918 (Month) (Day (Year)
6 D	MATE OF BIRTH LOCA 14 , 150 (Month) (Day (Year) GE If LESS than	that I last saw h are alive on Och 15 , 1915 and that death occurred on the date stated above, at 3 a. m.
(a pa	Trade, profession, or ricular kind of work General nature of industry,	The DAUSE OF DEATH+ was as follows:
wh	iness, or establishment in ich empinyed (nr empinyer) IRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Duration) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
P/	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds
	(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
15 Fil	(Address) 1800, 1915 L. B. Shush	Saeud Teau Date of Burial Saeud Teau 20 UNDERTAKER Eugene Jordan ADDRESS
	it more plants are needed, address State Register	trar, 6 E Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the bisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Tuerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," theuia," "Auaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) eause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. elildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inauition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



FADING	arefully su
WRITE PLAINLY. WITH UNFADING	hould be ca
PLAINLY.	rmation s
WRITE	m of info
V. S. No. 1.	N. B.—Every item of information should be carefully su

1

Cour	PLACE OF DEATH J	STATE OF MARYLAND CERTIFICATE OF DEATH
	160 0	Registration Dist. No. 28
Villa	ge or City Lally Lighton. 2 FULL NAME SULL Sur	Ward) [If doalh occurred in a hospitat or institution, givo its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	uale lestoned 5 SINGLE, MARRIED, WIDOWED OR DIVORCED furgle (Write the word)	16 DATE OF DEATH Oct 2 11, 1915 (Month) (Day) (Year)
6 DA	TE OF BIRTH (Oct 2 1915	I HEREBY CERTIFY, That I attended deceased from
7 AG	(Month) (Day) (Year)	and that death occurred on the date stated above, at 20 m.
8.5	yrs mes ds OR min.?	The CAUSE OF DEATH : was as follows:
(2	CCUPATION a) Trado, profession, or rticular kind of work	fyrs assiths
bu	o) Goneral nature of industry sinoss, or ostablishmont in hich omployed (or employer)	(Gurstion) yrs. mos. ds.
9 8	(State or country) It amy less	Secondary (Buration) vrs. mos. ds.
	10 NAME OF FRANK Contehender	(Signed) Diry A Ledman L. R. M. o.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PAR	12 MAIDEN NAME MANY Grown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
-	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	OR RECENT RESIDENTS) At place In the of deathyrsmosds. Stets,yrsmosds.
1- 1	(Informant) Trainfa TO THE BEST OF MY RISWLEDGE (Informant)	if not et place of death ?
15	(Addross) Vally Lee	In hivate Pural grand Oct, 2th, 1015
	ied Ost, 2, 1915 Bery, til Udman REGISTRAR	Frank Contchember Latty Late
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, E yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. Struck by roilway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatie), "Atrophy, lanse," "Conna," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere Example: Meosles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of head-homicide; Poisoned by carbolic acid-probably rent) affection need not be stated unless important ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion," "Atrophy," "Col-("Con-



RECORD

PERMANENT

4

S

INK-THIS

UNFADING

WITH

PLAINLY,

WRITE

(Address)

15

Very state 10 rSICIANS should occupation is PHYSICIANS of Exact statement EXACTLY. tated classified. pe should properly AGE supplied. may be certificate. carefully 80 0 on back should plain Instructions of Information DEATH OF Item Every Item CAUSE OF Important. N. B.

1 PLACE OF DEATH 17903 PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. morn WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than 1 dayhrs. **SCCUPATION** (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) / 1 14 THE ABOVE IS TRUE (Informant

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 280

-Ward)

[If death occurred in a hospital or institution. give Its NAME Instead of street and number.]

MEDICAL CER	TIFICATE	OF DEATH
6 DATE OF DEATH	rel	H 191V
	(Month)	(Day (Year)
		it I attended deceased fro
Jet / 1911	to O	et 4 1911
	100	1
hat I last aaw h alive of	1	1 4
and that death occurred on th	e date atat	ted above, at 6 P
the CAUSE OF DEATH+ Was	ac follows	
Rephrelis (Thro	nic (+ Xant
	100-100-100-100-100-100-100-100-100-100	Justs
3 + 6 6 7 7 7 7 7 7 6 6 1 1 1 1 1 1 1 1 1 1	***************************************	
- B		M = - 7 a 5 a 4 a 4 a 5 a 5 a 5 a 5 a 5 a 5 a 5
		,
Contributory acul	_(Duration)	yrs,mosd
Contributory acul	0 190	astrelis
Secondary		***************************************
	Tourndian)	yrs mos 3 d
15/10	. (Suration)	JI SINUS
(Signed)	040	
	-2	1 Ceder
, 191 (Addres	s)(2	1
*State the DISEASE CAUSI	NG DEATH	or, in deaths from Violen
*State the DISEASE CAUSII CAUSES, state (1) MEANS O	F INJURY;	and (2) whether Accide
TAL, SUICIDAL, OF HOMICIDAL		
18 LENGTH OF RESIDENCE (F	OR HOSPITA	LS, INSTITUTIONS, TRANSIENT
Af place	In the	
of death yrs mos		e yrs mos
A1 MARIE SERVICES \$1.00 ***********************************		
Where was disease contracted		7.00
Where was disease contracted,		The state of the s
If not at place of death?		ondaniya basa bolooqoodooniiii yoo aaaaa aa a
If not at place of death?————————————————————————————————————		
If not at place of death?————————————————————————————————————	MOVAL	
If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REI	MOVAL	
for not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REI A Muchae	MOVAL	DATE OF BURIAL
If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REI	MOVAL	

E. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



state Very

should

PHYSICIANS RECORD

of OCCUPATION IS

Exact statement

properly classified.

7 AGE

BOCCUPATION (a) Trade, protession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

THE ABOVE

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).....

OF FATHER (State or country)

(b) General nature of Industry.

business, or establishment in which employed (or employer)

stated

pinous

AGE

carefully supplied. may be

pe

of Information

certificate.

jo

ARENTS

16

Filed.

See instructions on back

that it

plain terms. should

5

DEATH

Every item

0

z

Important.

PERMANENT EXACTLY.

4 pe

INK-THIS

UNFADING

PERSONAL AND STATISTICAL PARTICULA DATE OF BIRTH

5 SINGLE, MARRIED.

(Month)

ueue

..... Yrs.....

STATE OF MARYLAND

1 10	750
O	Registration Dist. No. 282
w (No. heresa	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year) I HERBBY CERTIFY, That I attended deceased from
1 8 d, 1915	that I last saw h M alive on Och 2 4 , 1915
1 day,hrs.	and that death occurred on the date stated above, at 6,045, m. The CAUSE OF DEATH* was as follows:
faut	mararuus.
	(Ouration) yrs. 3 mos. ds.
Gray	Contributory Secondary (Burglion) (Signed) (Signed) (Signed) (Signed)
ud	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
DOWNS OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death? Former or

usual residence.

19 PLACE OF	BURIAL OR	REMOVAL
h. 10.	Meale	Courter.
ucacey;	/wer	Jeelee 14.

20 UNDERTAKER ADDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

WRITE PLAINLY, WITH

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illdnties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples:

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid dienemonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senlle," etc.), "Dropsy," "Exhanstion," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic canse of death approved by Committee on Nomenclascpsis, tctanus) injnry, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convnlsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canthre of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head For vio-



1 PLACE OF DEATH	STATE OF MARYLAND
County ST Manys 17905	CERTIFICATE OF DEATH
Sounty	Registration Dist. No
Village of City Hollynd (No. 2 Lie	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, Midowed	16 DATE OF DEATH Of 1915 (Month) (Day (Year)
DATE OF BIRTH Sout Runn, 1840. (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 9 1915, to Ot // 1915, that I last saw h alive on Ot // 1915.
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, ata_m, The CAUSE OF DEATH * was as follows: Lehanna Valuati
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
OF FATHER Conny Grandel 10 NAME OF GATHER Control 11 BIRTHPLACE OF FATHER (State or country) Mays Control 12 MAIDEN NAME	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Don't / Curry	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted.
(Informant) Lally Land (Address) Hallywood	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed	20 UNDERTAKER 20 UNDERTAKER ADDRESS ADDRESS Tran 6 E. Pranklin St. Balto Connection V. No. 1

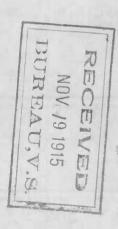


[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carein-

canse of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," 'Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Inmor" for malig oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Conventsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease cansing death), 29 ds.; "Dropsy," "Exhaustion," Never report cause for



V. S. No. 1.

so that it may be properly classified. Exact statement of OCCUPATION is very PHYSICIANS RECORD A PERMANENT should be stated EXACTLY. UNFADING INK-THIS IS AGE carefully supplied. CAUSE OF DEATH in plain terms, so that it mailmortant. See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in piain terms, s. N. B.

state

pinous

Village or City Celement Vancis &.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 29 St.; Ward) [It death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX WALL WALL WALL WIDOWED W	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Coche. 29, 1915, to 1915, to 1915, that I last saw h. Lealive on Coche. 29, 1915, and that death occurred on the date stated above, at 830 Pe.m., The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in	Criterio- Selinois (Buration) Vyrs. mas de
which employed (or employer) **BIRTHPLACE** (State or country) **The country of the country of	Secondary Ouration Ourat
10 NAME OF James King	(Signed) drawle a Camaly N. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Saphia Wrwaw	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
(Informant) Samues of Suy (Informant) Clemente Tub	Where was disease contracted, If not at place of death? Former or usual residence.
(Address)Clameus	New form Cecute Oct 31, 1915
Filed,19t	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm tuborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mitt; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Dipatheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, pertionacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of (name origin; "Cansuch, if impossible to determine definitely. Examples: cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclaschsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. Accidental drowning; Struck by raitway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." by carbotic acid-probabty suicide. The nature of the dent; Revolver round of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



PERMANENT BINDING 4 15 FOR INK-THIS RESERVED UNFADING MARGIN PLAINLY, WRITE

200

RECORD

PLACE OF DEATH state Very PHYSICIANS should of OCCUPATION IS Village or City PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDDWED. ORDIVDRCED (iVrite the word) DATE OF BIRTH classified. (Month) (Day (Year) 7 AGE It LESS than pinoda t day,.....hrs. mos..... OR 7 properly AGE OCCUPATION (a) Trade, profession, or particular kind of work. pe supplied. (b) General nature of industry, business, or establishment in may which employed (or employer) certificate. BIRTHPLACE (State or country) that 10 NAME OF FATHER 0 terms. 11 BIRTHPLACE PARENT pino OF FATHER (State or country) 12 MAIDEN NAME piain Instructions OF MOTHER of information 13 BIRTHPLACE OF MOTHER (State or country E DEATH See N. B.—Every Item of CAUSE OF I 10 (Address)..... 16 REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

_St.;____Ward)

[If death occurred la a hospital or institution, give its NAME instead of street and number.]

141 gm gp 1 4	DAL OLICIN TORIL	O. DERII.	
16 DATE OF DEATH	Och	3	, 191
	(Month)	(Day	(Year)
17 I HER	EBY CERTIFY, Tha	t I attended dec	eased from
och /	191V to	ch 3	196
that I last saw h	00		
			191.
and that death occurr	ed on the date state	ed above, at 8	a m
The CAUSE OF DEAT			
07 1	0		}
La fe	10	refaule	m
	75475640 v\$000000000000000000000000000000		
***************************************	****************************	*******************	-
	(Duration)	yrsm	os
Contathut and	4 hours	in	
Secondary		/	
(Signed)	(Doration)	VPC III	ne / de
(/7/	Doyd,	, , , , , , , , , , , , , , , , , , ,	Uthernous opensed the
(Signed)	10	7	, M. D.
Del 3 1914	(Address)	relg E	
*State the DISEAS CAUSES, state (1)	MEANS OF INJURY;	and (2) whether	r ACCIDEN-
TAL, SUICIDAL, OF H			
18 LENGTH OF RESIDENT	ENCE (FOR HOSPITAL	LS, INSTITUTIONS,	TRANSIENTS,
At place	. In the		
ot death yrs	mos ds. State	yrs, r	10S ds
Where was disease contract it not at place of death?			
Former or		***************************************	
usual residence.		*****	
19 PLACE OF BURIAL	OR REMOVAL	DATE OF BU	IRIAI
Of mich	vels	Dely	
20 UNDERTAKER		ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

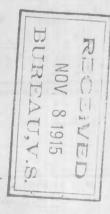


[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. gainfully employed as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be Sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pnenmonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carein-

ample: Measles (disease causing death), 29 de.; calvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecanse. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



Count	PLACE OF DEATH MO195 17908	STATE OF MARYLAND CERTIFICATE OF DEATH
	Ridge	Registration Dist. No. 2
Villag	ge or City (No.)	St.; Ward) a hospital or institution give its NAME instead of street and number.
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (1)Ay) , 191
6 DAT	TE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on Oel 6, 1914
7 AGI	If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 2. P. The CAUSE OF DEATH * was as follows:
(b) bus	CCUPATION) Trade, profession. or ticular kind of work) General nature of industry siness, or establishment in ich employed (or employer)	Two y 2 most
9 BI	10 NAME OF FATHER CELFRA HOMINEY	Contributory Secondary Burstion (Signed)
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME?	*State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place the the ef deathyrsmosds. Stete,yrsmos
14 TH	(Informant) Clf Ref Hominet	If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	(Address) (Address) (Address) (Address)	Michael Adoress
	REGISTRAR	16 W. Saratoga St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseengaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, on Nomenelature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of to determine definitely. "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound of "Senile," etc.), Examples: Accidental drowning; "Dropsy," State cause for which Never "Exhaustion," report mere important.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

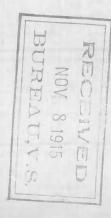
1 PLACE OF DEATH	STATE OF MARYLAND
County DA Marys 17303	CERTIFICATE OF DEATH
A)	Registration Dist, No. 280
Village or City Cielos (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME nfaux	faculuse of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO, WIDOWEO, ORDIVORCED	16 DATE OF DEATH OCA 18 ,1914 (Year)
Somule While ORDINORCED (Write the word) & Corner of BIRTH Sept 30 , 1918	HEREBY CERTIFY, That I attended deceased from 1919, to Oet 1919, that I last saw h & alive on 1919
7 AGE (Month) (Day (Year) 1 If LESS than 1 day,hrs. 0 ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of indostry, business, or establishment in which employed (or amployar)	Tevino 7/2 mins L. (Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) MC	Secondary (Diration), yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER James (1) LIKE 15 15 15 15 15 15 15 15 15 15 15 15 15	(Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
of Mother James Wellerson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
(Informant) Comment of the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Address)———————————————————————————————————	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers minc, etc. Women at home, who are eugaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (Recommendations on statement of (secondary or intercurrent) For VIO-



S. No. 1.

N.B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY, WITH

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in

	FULL NAME HENRY Jenn	fer, ward)	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
3 s	ex 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED MALE OR OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	/6 ,1913- (Day (Year)
8 D	ATE OF BIRTH CONT. SUM., (Year)	that I last saw h Magalive on Och 16	
1/2		and that death occurred on the date stated at The CAUSE OF DEATH* was as follows: Only San this parts Medical from Male	int mes
bus	General nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	Contributory Secondary	yrsds.
ARENTS	10 NAME OF FATHER HYDRING State or country) 12 MAIDEN NAME	(Signed) (Borafien) (Signed) (M. D.
۵.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, IN: OR RECENT RESIDENTS) At place In the of death yrs mos ds. State Where was disease contracted.	YIS, MOS. ds
	(Informant) I MIL I CAL (Address) CARDVILL ONG	If not at place of death? Former or usual residence	ATE OF BURIAL
FI	led,191	It rank Jenster &	DORESS
	II more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. N	0. 1. / md



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits eau be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

lesis of lungs, meninges, peritonacum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal time and eausation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) fever (the only definite syuonym is "Epidemie eere-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid Carcin-

> nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-".Contributory." scpsis, tetanus) may be stated under the head such, If impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for cte., when a definite disease can be ascertalued as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomenela. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertakeu. For vrochildbirth or misearriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease eausing death), 29 ds.;

ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



PHYSICIANS RECORD ERMANENT EXACTLY. be properly NX supplied. ADING may that 90 back terms, piain Instructions _ EATH P G OF mportant. Every Ite

> B ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [It death occurred in St :......Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 16 DATE OF 3 SEX MARRIEO. WIDOWED, ORDIVORCEO Write the word) 8 DATE OF BIRTH (Month) (Day) 7 AGE It LESS than 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted. If not at place of death? usual residence 20 UNDERTAKI

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by L. S. Censns and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia," Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipality of the properties of lungs, meninges, peritonaeum, etc.. Carcinoscipality of the properties of lungs, meninges, peritonaeum, etc.. Carcinoscipality of lungs, meninges, peritonaeum, etc...

such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of ... (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-



PHYSICIANS should state of OCCUPATION is very PERMANENT stated EXACTLY. FOR BINDING should be UNFADING INK-THIS AGE RESERVED carefully supplied. msy be See instructions on back of MARGIN WRITE PLAINLY, WITH DEATH in plain terms. of Information should N. B.—Every item of CAUSE OF I V. S. No. 1.

	PLACE OF DEATH	STATE OF MAR	YLAND
	di-maria	CERTIFICATE OF	DEATH
Co	unty W	Registration Dist	No 28/
	11-0 1 1 23	Registration Dist	, NO
Vili	lage or City of Leungeb daland No.	St.; Ward)	[If death occurred la a hospital or institution,
			give its NAME Instead
	FULL NAME William for	neb	of streef and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 \$1	MARRIED,	16 DATE OF DEATH October	2 1915
9	val Colored widower, dings	(Month)	(Day (Year)
	<i>J</i>	17 I HEREBY CERTIFY, That I	attended deceased from
• D/	ATE OF BIRTH	191 to	, 191,
	(Month) (Day (Year)	that I faat saw h alivs on	, 191
TAC		and that death occurred on the data stated	above, atm.
	1 day,hrs.	The CAUSE OF DEATH* was as follows:	
	yrs	I snowned !	7 -01
	CCUPATION Trade, profession, or	hering Island	valober 2
Opai	rticular kind of work	1915-0	•
bus	Beneral nature of Industry, Runing office of the state of	(Duration)	yrs
-	IRTHPLACE //	Contributory	
	(State or country) of I-Mary	Secondary	na man do
	10 NAME OF	C 13 4real age	Selector.
	FATHER UN Clone	(Signed)	
IS	11 BIRTHPLACE	, 191 (Address)	ungs deld
Z OF FATHER (State or country) UM None		*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJUAY; an	in deaths from VIOLENT
PARENTS	12 MAIDEN NAME Hariel Junes	TAL, SUICIDAL, OF HOMICIDAL.	
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the	THE THE TENTE OF T
	(State or country) Viquua	of death yrs mos ds. State	yrs, ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?	
	(13 yrcham	Former or	
	(Informant)	osoal residence	****
	(Address). A Technique de auto	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16	. 0 6 . 0	the Hengelland	1913
FI	led allown 5/1915	20 UNDERTAKER Question	ADDRESS
	Selvery REGISTRAR	ann laron -	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

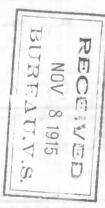


[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. 'The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEA OF INJURY and quality as childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



ARGIN

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupabile factory. The material worked on may form part the second statement. Never return "Laborer," But in many cases, without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state Means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," "Old Age," "Shock," "Uraemia," "Weakness, by railway train-accident; Revolver wound Always qualify all diseases resulting from child-State cause for which



No.

V. S.

0

ż

Village or City (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [if death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS .	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED OR DIVORCED (Write the word)	(Month) (Day) , 1915 (Month) (Day) (Year)
Month) (Day) , 1909 (Month) (Day) If LESS that	
7 AGE If LESS that 1 day, hrs OR min.?	The CALLES OF DEATH & was as follows:
a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory October 19 Secondary
11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER	(Signed) (Address) (Address)
(State or country) 14 THE ABOVE 1S TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Address	of desth yrs mos ds. Stats, yrs mos ds Where was disease contracted, if not at piece of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lace and factor for mos mos ds. Stats, yrs mos ds. ds. ds. ds. ds. ds. ds. ds. ds. ds
Filed 10 ~ 30 ~ , 191 5 - / Eth V. Haliner REGISTRAR	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

2216.46 41.42

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm luborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many cases, first line will be sutlicient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic corebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, OF HOMEGIAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning. "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valentar heart disease; Chronic interstitud ges, peritonoeum, etc., Corcinoma, Sorcomo, etc., of under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic arid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disase can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion." symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telonus) may be stated "PUERPERAL peritonitis," etc. birth or miscarriage "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or interenrby rollway train-accident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, as "Puenpenal septichaemia," State cause for which Never report mere



MARGIN RESERVED FOR BINDING

ŝ

OCCUPATION HYSICIANS RECORD PERMANENT AGE supplied. be O may ADIN certificate. that 0 ö Instructions plai Information 5 DEATH Every Item CAUSE OF Important. S 0

Very

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in (No..... St:.....Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEY MARRIED. (Month) (Day) (Write the word) HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of Industry. business, or establishment which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE . 191 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER in the of death yrs. mos. ds. State yrs. mos. Where was disaase contracted it not at place of death? usual residence 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

REGISTRAR

20 UNDERTAKE

ADDRESS

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner; (b) Cotton mill; (a) salesman, (b) Grocery; (a) Foreman, (b) Automobil factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locamptive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuinune, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never teport "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcinbosis of lungs, meninges, peritonaeum, etc.. Carcinbosis

caus LENT DEATHS state MEANS OF INJURY and qualify as child birth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Convuisions," "Debility" ("Con-(name origin; "Candeath), 29 "Exhaustion," Examples: For VIO-



Co	PLACE OF DEATH 17915	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 283
Vi	Property And Subella D	St; Ward) [It death occurred in a hospital or Institution give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SE	male White Single, MARRIED WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913., to
7 _{AG}	(Month) (Day) (Year) If tESS the	and that death occurred on the date stated above, at. 3
whice 9 BI	General nature of industry, ness, or establishment in the employed (or employer) RTHPLACE ate or country) MOL	Contributory (Secondary) (Duration) yrs mos ds
RENTS	10 NAME OF FATHER AMEL, E WENTEN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME A DOLL A	(1101)
PA	13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	DELENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	Interment)	Where was disease contracted, It not at place of death? Former or usual residence
16 File	(Address) 191 REGISTERAR	ADDRESS 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOW 1913 ADDRESS Malling 1943
if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necmine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. It is a same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL pcritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," ampie: Meastes (disease causing death), 29 ds.; which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," (name origin; "Can-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 6 1915
BUREAU, V.S.

02

z

OCCUPATION IS pinous PHYSICIANS RECORD ō Exact statement PERMANENT EXACTLY. properly classified. 4 be S pinous UNFADING INK-THIS AGE supplied. may WRITE PLAINLY, WITH n terms. should See Instructions of information OF Every Item CAUSE OF Important.

Very

1 PLACE OF DEATH 17927 County PERSONAL AND STATISTI 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day TAGE BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. State or country 10 NAME OF 0 PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 SIRTHPLACE OF MOTHER (State or country)

(Address)

15 Filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:....Ward)

[If death occurred in a hospital or Institution, give its NAME instead

	.=		222240000000000000000000000000000000000		
	MEDICA	L CERTIFIC	ATE OF	DEATH	
16 DATE OF	DEATH /	0,7	7		. 101
•		(Mont		(Day	, 1913 (Year)
17 0	I HEREI	BY CERTIFY			
fort	70		0-1	6	
		1915, to 4			, 191 &
that I last sa	w h	allve on .	16		, 191.5
and that dea	th accurre	l on the date	e stated :	have at	pu a
				ibovo, at	K
The CAUSE		~ W45 418 10	nows:		
Cana	Slan	TTV	***************************************	*************	

		******************	**************		
1.	1	(Burn	tion\		
	No YO	(Dara	1100)	yrs	mos
Contribut	tory J	mal	del	edel	
Secondar	ry .			V	
	>-0	(Dur	ition)	yrs	
(Signed)	de		Zun	4	М.
			12		15
	, 191	(Address)Ø	0	A state of the sta	
*State t	he DISEASE	CAUSING DE	ATH, or,	in deaths	from VIOLE
TAL, SUICI	DAL, or Ho	MICIDAL.	onr, and	(2) WIII	tuer Accide
18 LENGTH	OF RESIDE	NCE (FOR Ho	BPITALS,	NETITUTION	S, TRANSIEN
At place	T RESIDENTS	1)	In the		
of death	yrs m	os ds.		yrs	mos.,
Where was disc	ease contracte	1,	11121	,	bearing the same of the same o
If not at place	nf death?				*****************
Former or					
usual residence					000000000000000000000000000000000000000
19 PLACE O	F BURIAL	REMOVA	L/	DATE OF	BURIAL
17/10/1 1 1		11/0 000	M . /	10%	(C)
rew	oun'	weall	My !	2000	191.4
20 UNDERT	AKER)	cecui	My !	APDRES	

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Year)

It LESS than

1 day,hrs

OR 7

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonagum, etc., Carcin-

. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichaeaffection need not be stated unless important. Exvalvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vio mia," "PUERFERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemdrrhage," "Inanition," "Maras. "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopmeumonia (secondary), 10 ds. ample: thre of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "(Convulsions," "Debility" ("Cou-"Dropsy," "Exhanstion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV1 9 1915 BUREAU, V.S.

S. No. 1.

N. B.-

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 17916

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 28

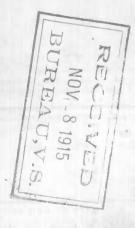
Village or City / alleg See (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, Middle Or Divorces (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) /	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915 that I last saw here alive on 1915
7 AGE If LESS than	and that death occurred on the date stated above, at 10-30 m. The CAUCE OF DEATH * was as follows:
CCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishmont in which employed (or employer) **BIRTHPLACE (State or country) 10 NAME OF FATHER** (State or country) 11 BIRTHPLACE** (State or country) 12 MAIDEN NAME** OF MOTHER** 13 BIRTHPLACE** OF MOTHER** 13 BIRTHPLACE** OF MOTHER** 13 BIRTHPLACE** OF MOTHER** 14 Place** 13 BIRTHPLACE** OF MOTHER** 14 Place** OF MOTHER** 14 Place** 15 Place** 16 Place** 17 Place** 18 BIRTHPLACE** OF MOTHER** 19 Place** 10 Place** 11 BIRTHPLACE** OF MOTHER** 12 Place** 13 BIRTHPLACE** OF MOTHER** 14 Place** 15 Place** 16 Place** 17 Place** 18 BIRTHPLACE** OF MOTHER** 19 Place** 10 Place** 11 BIRTHPLACE** OF MOTHER** 10 Place** 11 BIRTHPLACE** OF MOTHER** 12 Place** 13 BIRTHPLACE** OF MOTHER** 14 Place** 15 Place** 16 Place** 17 Place** 18 BIRTHPLACE** OF MOTHER** 19 Place** 10 Place** 11 BIRTHPLACE** 11 BIRTHPLACE** 12 Place** 13 BIRTHPLACE** 14 Place** 15 Place** 16 Place** 17 Place** 18 Place** 19 Place** 19 Place** 10 Place** 10 Place** 10 Place** 11 Place** 12 Place** 13 BIRTHPLACE** 14 Place** 15 Place** 16 Place** 17 Place** 18 Place** 19 Place** 19 Place** 19 Place** 10 Place** 10 Place** 11 Place** 12 Place** 13 BIRTHPLACE** 14 Place** 15 Place** 16 Place** 17 Place** 18 Place** 19 Place** 19 Place** 19 Place** 10 Place** 10 Place** 10 Place** 11 Place** 12 Place** 12 Place** 13 BIRTHPLACE** 14 Place** 15 Place** 16 Place** 17 Place** 18 Place** 18 Place** 19 Place** 19 Place** 19 Place** 10 Place** 10 Place** 10 Place** 11 Place** 12 Place** 12 Place** 13 BIRTHPLACE** 14 Place** 15 Place** 16 Place** 17 Place** 17 Place** 18 Place** 18 Place** 18 Place** 18 Place** 19 Place** 19 Place** 19 Place** 10 Place** 10 Place** 10 Place** 10 Place** 11 Place** 12 Place** 12 Place** 13 BIRTHPLACE** 14 Place** 15 Place** 16 Place** 17 Place** 16 Place** 17 Place** 18 Place** 18 Place** 18 Pl	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentals. Recent Residents (Buration) (Buration) Yrs. mos. / ? ds. (Buration) Yrs. mos. / ? ds. (Signed) M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentals. Suicidal, or Homicidal. 18 Length of Residents At place in the
(State or country) Rt. [March 18] 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Best Pales Lea Grade Address) Pales Lea Grade 16 Filed Def. 25, 1913 Best Registran Registran If more blanks are needed, address State Registran, 6 E.	of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or USUAL TEST CHILL OF REMOVAL DATE OF BURIAL LONG CONTRACT LONG CONTRACT LONG CONTRACT PLACE OF BURIAL OF REMOVAL DATE OF BURIAL LONG CONTRACT LONG CONTRACT PLACE OF BURIAL POPULATION OF THE MOVEL LONG CONTRACT PRINKING St., Balton, Requesting V. S. No. I.

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcinbosis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genltai," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or Intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can-State cause for Never report Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

RESERVED FOR

MARGIN

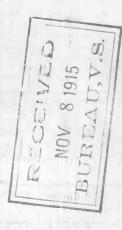
PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH Registration Dist. No. 280
Village or City Washingsto (No.	Ct. Word) [If death occurred in.
2 FULL NAME Joseph V. Rie	Audsor a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, MANUEL WIDOWED OR DIVORCED OR DIVORCED.	16 DATE OF DEATH CONTINUE 34 , 1915 (Year)
6 DATE OF BIRTH Nov 22 1848	HEREBY CERTIFY, That I ttended deceased from
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at the m.
6 6 yrs. // mos. 2 ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Mufagur
(b) General nature of industry business, or establishment in which employed (or employer)	(Quration) yrs. mos. 22ds.
State or country) Margland	Gontpibutory Angelman production was a de
10 NAME OF ST. A. Richardson	(Signed) A. J. J. M. O.
11 BIRTHPLACE OF FATHER (State or eountry) Maryland	*State the Disease Causing Weath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
OF FATHER (State or eountry) Maryland 12 MAIDEN NAME OF MOTHER Class a Dunban	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mary Can	or RECENT RESIDENTS) At place of death Where was disease contracted, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	If not at place of deeth?
(Address) Atomyon mr	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 191 191 1 REGISTRAR	20 UNDERTAKER ADDRESS Dom Sono
If more blanks are needed, address State Registrar, 16	3 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

write None. business, that fact may be indicated thus: Farmer (relired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Serrant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. business or industry, and therefore an additional line For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. birth or miscarriage as "PUERPERAL septicharmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ef......... (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver wound The contributory (secondary or intercur-"Dropsy," carbolic acid—probably State cause for which Never report mere (Recommendations "Exhaustion,"



BINDING RESERVED MARGIN

E. No. 1.

N.B.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT stated of information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. IS UNFADING INK-THIS AGE PLAINLY, WITH Every item of information CAUSE OF DEATH Important. See insti WRITE

STATE OF MARYLAND 17918 CERTIFICATE OF DEATH

Registration	Diet	No	2	8
INDEISCI GLIVII	D 131.	110	A tona D.D.D. montemporal	

Village or City Lead face (No.	St
Mrs.	(P.' 1 - 20
FULL NAME Mary	agree -

1 PLACE OF DEATH

Village or City Mary Red	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR BIACE SINGLE, MARRIED, WIDOWED OR BIRTH MARRIED, WIDOWED OR BIRTH MONTH OF BIRTH (Month) (Day (Kear)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191.0. that I last saw here alive on the same and the
7 AGE (Month) (Day (Year) 1 (LESS than 1 day,hrs. ORmin.?	snd that desth occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos. 7 ds. Gentributory Joseph Cordinal Secondary Secondary Jaileure (Duration) yrs mos. 1 ds.
FATHER Secretal Redgell 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UN DERTAKEN 20 UN DERTAKEN ADDRESS Value or to see the see that the see the see that the se

If more blanks are peeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at heginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never rcturn "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," ctc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomcnela-"Contributory." dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acei-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tctanus) may be stated under the head (Recommendations ou statement of (secondary or intercurrent) Never report For vio-



PLACE OF DEATH STATE OF MARYLAND PHYSICIAN t statement CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Ward) a hespital or institution. EXACTLY. give its NAME Instead of street and number.] RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE clas 16 DATE OF DEATH MARRIED. PERMANENT WIDDWED OR DIVORCED (Month) perly (Write the word) certificate HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH pro should pe (Month) (Day) (Year) 7 AGE of If LESS than may and that death occurred on the date stated above, at lal 1 day, hrs. back O The CAUSE OF DEATH * was as follows: OR mln.? 4 that C OCCUPATION supplied 0 (a) Trade, profession, orons particular kind of work So (b) General nature of lodustry terms. instructi business, or establishment in carefully which emplayed (or employer 9 BIRTHPLACE (State or country) Contributory Secondary C 9 0 d 10 NAME OF c FATHER (Signed) N O N O onld mportant I 11 BIRTHPLACE (Address) AT ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) ы CAUSES,: state (1). MEANS OF INJURY; and (2) whether ACCIDENTAL. 0 Œ SUICIDAL OF HOMISIDAL MAIDEN NAME V d OF MOTHER informatic CAUSE OF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, very OR RECENT RESIDENTS 13 BIRTHPLACE At place to the OF MOTHER WRITE CAU (State or country)yrs. Where was disease contracted, Every item of should state C OCCUPATION 0. If not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address , 19162 15 20 UNDERTAKER ADDRESS m REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Compositor, Architect, For persons who have no oeeupation whatever, The material worked on may form part Locomolive engineer, (b) Auto-Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: mus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) Struck by railway surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "Puerperal scptichuemia," cause. ete., when a definite disease ean be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convulsions," "Debility" "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping nephrilis, etc. Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never "Atrophy," report mere wound of ("Con-



S. No. 1.

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

1 PLACE OF DEATH Village or City Bulls Ce seall (No.

17920

County Shallangs



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 283

St.; Ward)

[If death occurred in a hospital or Institution, give ils NAME Instead of street and number.]

FULL NAME Street Maryanet & heving

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 st	4 COLOR OR RACE Single, MARRIEO, WIDOWED, ORDIVORCEO (Wife the word)	16 DATE OF DEATH (Month) (Day (Year)
8		17 I HEREBY CERTIFY, That I attended deceased from
0 07	(Month) (Day (Year)	that I last saw h alive on, 191
TAC	GE If LESS than	and that death occurred on the date stated above, at
	yrs. 9 mos 4 ds. or min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION Trade, profession, or	The time of death or for some timebyon
	ricular kind of work	server placing cold & makreen-
	General nature of Industry, iness, or establishment in	
whi	ch employed (or employer)	(Ouration) yrs mos ds.
9 BI	RTHPLACE (State or country)	Secondary
S	10 NAME OF South Reland Shives	(Signed) (Dorafion) yrs mos ds. (Signed) (Address) (Experies)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (M)		*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	of Mother Harranh Eliza Rullen	TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	Af place in the of death yrs mos ds. State yrs mos ds
	(Informant) The Best of My Knowledge	Where was disease contracted, If not at place of death? Former or usual residence
	(Address) Declar Creek	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	ed Data K, 1915 George Registrar	20 UNDERTAKER ADDRESS ADDRESS Diedes Cours
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise speciadditional line is provided for the latter statement: first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "L genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cau cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from " "Coma," "Convulsions," "Debility" ("Con-(Recommendations on statement of death), 29 ds.; State cause for "Exhaustion," Never report



PHYSICIANS t statement of EXACTLY. P RECORD classified stated properly be should pe may O + that supplied 80 terms, carefully be pino I AT PLAINLY, 11 50 L informatic CAUSE OF

1 PLACE OF DEATH \ STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.2 It death occurred in a hospital or institution. give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 3 SEX 5 SINGLE 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, 1945 WIOOWED OR DIVORCED (Month) (Dav) Write the word) certificate I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH that I last saw h.Q. (Month) (Day) (Year) It LESS than of 7 AGE and that death occurred on the date stated above, at ... back 1 day, hrs, The CAUSE OF DEATH * was as follows: min. ? OR 00 (a) Trade, profession, or instructions particular kind of work: (b) General nature of Industry business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE State or country) plain See in 10 NAME OF FATHER important 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISFASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIOEN NAME SUICIDAL OF HOMICIDAL. PA OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS very OR RECENT RESIDENTS 13 BIRTHPLACE Al piace OF MOTHER of deetle Stale, _____yrs. ____mos. S (State or country) .. yrs.ds. should state CAI Where was discese contracted, if not at place of death? Former or usual residenca 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL 15 20 UNGERTAKER ADDRESS 0 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto.,: Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Colton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by earbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatilis "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvulur heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Meastrs; Whooping The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which Never report mere (Recommendations wound of



UNFADING INK-THIS

WITH

PLAINLY,

WRITE

Very

PHYSICIANS should of OCCUPATION IS

statement

Exact

properly classified.

pe

should

AGE

supplied.

carefully that

should

Information

may be

80 of

terms.

DEATH in plain

OF

m

ż

Important. Every it

certificate.

See Instructions on back

RECORD

PERMANENT EXACTLY. PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

	[]t death
	I IT OPATI

St.; Ward)

occurred in a hospital or institution. give its NAME Instead of street and number.1

DATE OF BURIAL

ADDRESS

2FULL NAME.

MEDICA	L CERTIFICATE C	F DEATH	
16 DATE OF DEATH	Oct.	22 4	. 191:
	(Month)	(Day	(Year)
17 I HEREB	Y CERTIFY, That	I attended dec	eased fro
***************************************	191, to		191
that I last saw h a	live on		101
and that death occurred	on the date state	d above, at	*********
The CAUSE OF DEATH		0	
	ppedece adam) - in all terreson and account	Evan	lusi
ougental d	Cepleli		
)	U.Ps		

-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(Duration)	yrsm	8
Contributory.	********		**********
Secondary			
Secondary			
secondary			
(Signed) Jaseph	(Ouration)	p Irral	Regul
(Signed) Juseph Oct 2 1913	(Address) Hold	Joseph Joseph	Regut.
(Signed) JISLAS (Signed) 1913: *State the DISEASE (CAUSES, State (1) ME	(Address) Harly	Joseph Joseph	Regut.
(Signed) Jaseph	(Address) Harly	Joseph Joseph	Regut.
(Signed) 1915. *State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM	(Address) (Addre	Julie MAVO deaths fro no (2) whethe	My Wiole R Accide
(Signed) July 18 (Signed) 1913 - 1913	(Address) (Addre	Julie MAVO deaths fro no (2) whethe	M. W. M. W. M. V. OLE P. ACCIDI

PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE. MARRIED WIDOWED, ORDIVERCED (Write the word) DATE OF BIRTH (Month) (Day TAGE If LE 1 day. 8 OCCUPATION (4) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country Where was disease contracted, it not at place of death? Former or (loformant). usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address 15 29 UNDERTAKER Filed REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for HX-



RECORD PERMANENT BINDING THIS ERVED XX UNFADING ES œ WITH MARGIN PLAINLY,

Z

1 PLACE OF DEATH LY. PHYSICIANS Exact statement of County EXACTLY. ² FULL NAME be properly classified. PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH stated WIDOWED OR DIVORCED of certificate pe 6 DATE OF BIRTH pinous (Month) (Day (Year) If LESS than TAGE it may AGE 1 day, hrs. back min. ? terms, so that (a) Trade, profession, or instructions on carefully supplied particular kind of work (b) General nature of industry business, or establishment in which employed (or employer 9 BIRTHPLACE See in (State or country) 10 NAME OF pe 2 FATHER Should in important. ENTS 11 BIRTHPLACE OF FATHER (State or country) a of information 12 MAIDEN NAME 0 OF MOTHER OF PA Very CAUSE 13 BIRTHPLACE OF MOTHER (State or country) WRITE 5) Every item of instance of should state CAL 14 THE ABOVE Former or usuel residence (Address) 15 20 UNDERTAKER 8 REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

If death occurred in -Ward) a hospital or institution, give its NAME instead of street and number.]

94 4 000000 000000000000000000000000000	(Month)	(Day)	(Year)
7 I HEREBY CERTI	FY, That I atter	ded decea	sed from
, 19	ı, to		, 191,
that I last saw hali	ve on		, 191 ,
and that death occurred	on the date state	ed above, a	tm
The CAUSE OF DEATH *	was as follows:		
Prince			*******
Luca Cl	ur O	uch	
		.0.0.000	,
	(Durstion)	_yrs3m	os ds
Contributory Secondary	Contraction of the second		
16-11-7	(Durstion)	yrsm	os. 7 de.
1/1/7/	m. le	uson	1

MEDICAL CERTIFICATE OF DEATH

*State the Dispase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, SUICIDAL OF HOMICIDAL.

TENGIN OF KEZIDENCE CLOK HO	SPITALS, INSTITUTIONS	INAMOTENTO
OR RECENT RESIDENTS)		
At place	In the	
of death vrs. mos. ds.	Stateyrs	mos ds

Where was disease contracted,

if not at piece of deeth?.

19 PLACE OF BURIAL DATE OF BURIAL OR REMOVAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retiral employed, as At school or At hance. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day labarer, Farm luborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mabile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many cases, write None. or given up on account of the disease causing neath, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servout, Caok, taken to report specifically the occupations of persons only when needed. As examples: (a) Spinner, (b) Callon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Coal mine, etc. is very important, so that the relative healthful-For persons who have no occupation whatever Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, meningitisminginismingi

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage." "Inanition," "Maras-"Anaemia" (nerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions." "Debility" ("Con-suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths birth or miscarriage etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chapneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercuras "Puenperal septichaemia," Never report mere



υż

PLACE OF DEATH	STATE OF MARYLAND
County Stars 5 17926	CERTIFICATE OF DEATH
County S.C. P. Derry S.	Registered No. 2.83
Village or City Adlama (No.	St; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
female Coural Single MARRIED WIDOWED OR ON	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH dint Brim	Oct 2 21, 1915, to Oct 10 1915.
(Month) (Day) (Year)	that I last saw h. L.s. alive on Oct 16 ,1915-
7 AGE It LESS than	and that death occurred on the date stated above, at / Am,
f day,hrs. ds. ORmin.?	The CAUSE OF DEATH * was as follows:
8 OSCUPATION	Complication of deases due
Trade, profession, or April profession or Apri	to offeration for himmer at a
N(b) General nature of Industry,	Enlumore hospilas.
business, or establishment in which employed (or employer)	(Duration) yrsmosds.
State or country)	Contributory (Secondary)
10 NAME OF HON Stokhens	(Signed) Jeknos, M. D.
11 BIRTHPLACE	Oct 11 , 1915 (Address) Capsarll and
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER and from	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place in the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(informant) Sevi & Clarke	Former or usual residence
(Address) A Collymond and,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	20 NO DERTAKER ADDRESS
Filed	D B ADDRESS
If more blanks are needed, address State Registrar, 61	E Franklin St. Polito Panyagellar V S. M.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necmine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "An-Bronehopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.;



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 5 17923	STATE OF MARYLAND
County Many	CERTIFICATE OF DEATH
2180 11 -	Registration Dist. No. 8 4
Village or Gity Hunterson (No.	St; Ward) [If death occurred in
2 FULL NAME Still birth	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Wrise the word)	18 OATE OF DEATH COMMONTH (Day) , 1915 (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
Oct 102,915	neur , 1910,
(Month) (Day) (Year) AGE If LESS than	that I death occurred on the date stated above, at / Am.
yrs mos ds or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	
business, or establishment in which emplayed (or employer)	(Durstion) yrs mos de,
9 BIRTHPLACE (State or country) Muloup 8. Wel	Contributory Secondary (Burstlen) / yrs mas ds
10 NAME OF FATHER OF EST Toodland	(Signed) . M. O.
11 BIRTHEVACE OF FATHER (State or country) Muary Co. W.d.	*State the DIMMASE CAUSINO DEATH, or, in deaths from Violent Causing, state (1) Trans of Injury; and (2) whether Accidental,
of Mother Eleanor DEN	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	OR RECENT RESIDENTS) At piscs to the of desth
(Informant)	front at place of death?
(Address) Wechanics ville 4	P PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FRED Oct 28th, 1915- 3, A. Intra	At 16 me Out (0 1915 mm 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar.	W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman. (b) Grocery: (a) Foreman. (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at botinning of illness. If retired from business, that fact mat, be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write Nome. 7

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH—(the primary affection with respect to time and causation), using always the same accepted term for the saine disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"), Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Caneer" is less definite: avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatie). "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Urm mia," "Weakness," ete., when a definite disease can be ascertained as the eause. Always qualify all diseases resulting from ehildbirth or misearriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and eonsequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.)

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING FOR PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN WRITE

V. S. No. 1.

N.B.

County Clause STATE OF MARYL CERTIFICATE OF I			E OF DEATH
Village or City Bushing (No.	- gr	wed St.; Ward	[it death occurred in a hospital or institution, give its NAME instoad of street and number.]
PERSONAL AND STATISTICAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)		IS DATE OF DEATH (Mo	onth) (Day) (Year)
6 DATE OF BIRTH S (Month) (Day)	, 18 () (Year)		, 191
	1 day, hrs.	and that death occurred on the da The CAUSE OF DEATH * was as f	ALC: THE PARTY NAME OF THE PAR
(a) Trado, profession, or particular kind of work (b) Gonoral nature of industry business, or establishment in which employed (or employer)		(Bure Contributory	Terres mos. 3 ds
(State or country) 10 NAME OF FATHER		Secondary (Qura	lion) yre mos ds
U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME,	7	*Starte the DIMPARS CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.	
12 MAIDEN NAME OF MOTHER (ay l'atherine 13 BIRTHPLACE OF MOTHER (State or country)	clar.	18 LENGTH OF RESIDENCE (FOR HOSPI OR RECENT RESIDENTS) At place of deethds.	
(Informant) ausa Clack	GE	Where was disease contracted, if not at place of death?	
(Addross) Bustinisch		Sacrafly and	DATE OF BURIAL
Filed 107/67, 1915	REGISTRAR	Bistut I Er.	Burling

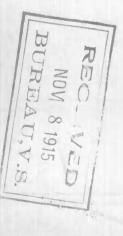
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto (Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Solesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing direction with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, nephritis, etc. The contributory (secondary or interenrcough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. birth or miscarriage санке. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ehopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. Always qualify all diseases resulting from ehildas "Puenperal septichuemia," "Dropsy," State cause for which Never report mere "Exhaustion,"



No.

tå

UNFADING

stat	Ver	
pino	1 18	
sho	TION	
CIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yer	
HYS	of 00	
Δ.	nt	
TLY	teme	
XAC	sta	
Ed E	xact	
stat	- E	
be	lifed	
pino	class	
sh.	rly	
AGE	prope	
led.	pe	
ddns	may	0
Illy :	=	fleat
carefu	that	Cort
be	. 80	A OF
pinod	terms	important Sea instructions on back of cortificate
8	lain	200
natio	in p	ichio
forn	H	netri
of In	DEA	00
EM .	OF	5
y It	SE	retan
N.B Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAU	Impe
N. B		

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. If death occurred in St.:---Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIEO, WIDOWEO. (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day,.....hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, of, In deaths from VIOLENT CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ___ mos. __ Where was disease contracted. 14 THE ABOVE IS TRUE THE BEST OF If not at place of death?. Former or usual residence. 19 ALACE OF BURIAL OR REMOVAL DATE OF BURIAL ..., 1910

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNCERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemuid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day taborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. (a) Spinner, (b) Cotton milt; (a) Satesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulests of lungs, meninges, peritonacum, etc., Caroin-

LENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated nnless important. valvular heart disease; Chronic interstitiat nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgleal operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convnisions," "Debility" ("Con-Bronchopnoumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbotic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"

